

229594

STATE OF SOUTH CAROLINA

(Caption of Case)

Authorized Utility Representative Form for PBT
Telecom, Inc.

COPY

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

COVER SHEET

Posted: led

Dept: SA

Date: 5/5/11

Time: 11:00

DOCKET
NUMBER: 2011 - 29 - A

(Please type or print)

Submitted by: Margaret M. Fox, Esquire

SC Bar Number: 65418

Address: McNair Law Firm, P. A.

Telephone: 803-799-9800

Fax: 803-753-3219

P. O. Box 11390

Other: _____

Columbia, SC 29211

Email: pfox@mcnair.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition

☐ Request for item to be placed on Commission's Agenda
expeditiously

☐ Other: _____

INDUSTRY (Check one)	NATURE OF ACTION (Check all that apply)		
<input type="checkbox"/> Electric	<input type="checkbox"/> Affidavit	<input type="checkbox"/> Letter	<input type="checkbox"/> Request
<input type="checkbox"/> Electric/Gas	<input type="checkbox"/> Agreement	<input type="checkbox"/> Memorandum	<input type="checkbox"/> Request for Certification
<input type="checkbox"/> Electric/Telecommunications	<input type="checkbox"/> Answer	<input type="checkbox"/> Motion	<input type="checkbox"/> Request for Investigation
<input type="checkbox"/> Electric/Water	<input type="checkbox"/> Appellate Review	<input type="checkbox"/> Objection	<input type="checkbox"/> Resale Agreement
<input type="checkbox"/> Electric/Water/Telecom.	<input type="checkbox"/> Application	<input type="checkbox"/> Petition	<input type="checkbox"/> Resale Amendment
<input type="checkbox"/> Electric/Water/Sewer	<input type="checkbox"/> Brief	<input type="checkbox"/> Petition for Reconsideration	<input type="checkbox"/> Reservation Letter
<input type="checkbox"/> Gas	<input type="checkbox"/> Certificate	<input type="checkbox"/> Petition for Rulemaking	<input type="checkbox"/> Response
<input type="checkbox"/> Railroad	<input type="checkbox"/> Comments	<input type="checkbox"/> Petition for Rule to Show Cause	<input type="checkbox"/> Response to Discovery
<input type="checkbox"/> Sewer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Petition to Intervene	<input type="checkbox"/> Return to Petition
<input checked="" type="checkbox"/> Telecommunications	<input type="checkbox"/> Consent Order	<input type="checkbox"/> Petition to Intervene Out of Time	<input type="checkbox"/> Stipulation
<input type="checkbox"/> Transportation	<input type="checkbox"/> Discovery	<input type="checkbox"/> Prefiled Testimony	<input type="checkbox"/> Subpoena
<input type="checkbox"/> Water	<input type="checkbox"/> Exhibit	<input type="checkbox"/> Promotion	<input type="checkbox"/> Tariff
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Expedited Consideration	<input type="checkbox"/> Proposed Order	<input checked="" type="checkbox"/> Other: <u>Auth. Utility Rep.</u>
<input type="checkbox"/> Administrative Matter	<input type="checkbox"/> Interconnection Agreement	<input type="checkbox"/> Protest	<u>Form - Telecom.</u>
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Interconnection Amendment	<input type="checkbox"/> Publisher's Affidavit	
	<input type="checkbox"/> Late-Filed Exhibit	<input type="checkbox"/> Report	

Print Form

Reset Form

MAY 05 2011
PSC SC
CLERK'S OFFICE

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☐ CLEC ☒ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

PBT Telecom, Inc. _____		[REDACTED]
Company Name	FEIN/SSN	
Comporium, Comporium Telecom, PBT	803-894-3121	
Dbal/ka	Telephone #	
1660 Juniper Springs Rd _____		
Mailing Address		
Gilbert, SC 29054		
City, State, Zip Code		RECEIVED MAY 05 2011
Gilbert		
Business Location		
Gilbert, SC 29054	Lexington	
City, State, Zip Code	County	PSC SC CLERK'S OFFICE

REGISTERED AGENT INFORMATION

Registered Agent: M. John Bowen/Peg Fox _____

Mailing Address: P.O. Box 11390 _____

City, State, Zip Code: Columbia, SC, 29211 _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. M. Glenn Martin _____
General Manager (Include address if different than above.)
803-894-1101 / 803-894-5006 / glenn.martin@comporium.com
 Telephone Number Facsimile Number E-mail Address
- B. Donna H. Ricard _____
Customer Relations /Complaints Representative (Include address if different than above.)
803-894-1109 / 803-892-2123 / donna.ricard@comporium.com
 Telephone Number Facsimile Number E-mail Address
- C1. Donna H. Ricard _____
Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)
 _____ / _____ / _____
 Telephone Number Facsimile Number E-mail Address
- C2. 1-800-258-7978 _____
Customer Contact (Toll Free Number)
- D. Al Harman _____
Engineering Operations (Include address if different than above.)
803-894-1102 / 803-892-2123 / al.harman@comporium.com
 Telephone Number Facsimile Number E-mail Address
- E. Al Harman _____
Test and Repair (Include address if different than above.)
 _____ / _____ / _____
 Telephone Number Facsimile Number E-mail Address

F. Person On Call _____
Emergencies (During non-office hours) _____
803-894-4222 / /
Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Regulatory Officer (Include address if different than above.) _____

Telephone Number / Facsimile Number / E-mail Address

H. Kevin Felkel _____
Dual Party Mailings (Name) _____

Mailing Address
803-894-1106 /803-894-6055 /kevin.felkel@comporium.com
Telephone Number Facsimile Number E-mail Address

I. Kevin Felkel _____
Interim LEC Fund Mailings (Name) _____

Mailing Address

Telephone Number / Facsimile Number / E-mail Address

J. Kevin Felkel _____
Universal Service Fund Mailings (Name) _____

Mailing Address

Telephone Number / Facsimile Number / E-mail Address

K. Kevin Felkel _____
Gross Receipts Mailings (Name) _____

Mailing Address

Telephone Number / Facsimile Number / E-mail Address

L. Kevin Felkel _____
Lifeline Mailings (Name) _____

Mailing Address

Telephone Number / Facsimile Number / E-mail Address

L.B. Spearman _____
This form was completed by (print name) Signature
Vice President/CRO _____ April 28, 2011
Title Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 11/2010)